

SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: **2002**

# HousingAuthority oftheTownofWilna

**NOTE:THISPHAPLANSTEMPLATE (HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of the Town of Wilna

**PHANumber:** NY058

**PHA Fiscal Year Beginning:** (mm/yyyy) 10/2002

**PHA Plan Contact Information:**

Name: John Pais, Executive Director

Phone: (315) 493 - 1480

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Email (if available): twilnaha@twcnny.rr.com

**Public Access to Information**

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations for PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**AnnualPHAPlan**  
**FiscalYear20 02**  
[24CFRPart903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHA option,provideabriefoverviewoftheinformationintheAnnualPlan

**ThisSectionisleftblanksinceitisoptional.**

### 1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussed inlastyear'sPHAPlanthat arenotcovered inother sections ofthisUpdate.

**Wehavemade the following changes to our policies and/or programs based on changes in statutes and/or HUD regulation that have occurred in the past year. HUD mandate      dallof these.**

- **Implementation of Community Service Requirements:**

The Housing Authority has suspended enforcement of the 8 -hour community service requirement. The Housing Authority will not enforce this provision of our Admissions and Continued Occupancy Policy so long as Congress provides for the option to not enforce it. In taking this action, we still want to encourage our public housing residents to both participate in their community and enhance their self sufficiency skills in a truly voluntary manner.

All affected residents have been notified of the suspension of the requirements.

### 2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$166,379**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### (1)CapitalFundProgram5 -YearActionPlan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

#### (2)CapitalFundProgramAnnualStatement

The Capital Fund Program Annual Statement is provided as Attachment B

### **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage fraction (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

### **4. Voucher Homeownership Program -NA**

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24

CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program -NA**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included   
☐ Yes ☐ No: below or   
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.
- ☐ Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

### 1. Consolidated Plan jurisdiction: (State of New York)

The Housing Authority of the Town of Wilna is located in the Village of Carthage, an entitlement community in Jefferson County. The jurisdiction of the Consolidated Plan encompasses the State of New York. The Housing Authority of the Town of Wilna Agency Plan housing needs assessment data is extracted from the New York State Consolidated Plan and The Comprehensive Housing Affordability Strategy (CHAS) Data book tables for Jefferson County.

### 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in many consultation processes organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- The Housing Authority of the Town of Wilna will continue to maintain and renovate its public housing units.
  - The Housing Authority of the Town of Wilna will continue to provide accessible housing in the public housing program to persons with disabilities.
  - The Housing Authority of the Town of Wilna will continue to market its public housing program to make elderly families and individuals aware of the availability of decent, safe, sanitary and affordable housing in the Village of Carthage.

- The Housing Authority of the Town of Wilna will continue to apply its limited resources to the effective and efficient management and operation of public housing programs.

☒ Other: (list below)

- The Housing Authority of the Town of Wilna Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:
  - (1) Provide improved living conditions for very low and low -income elderly families and individuals while maintaining their rent payments at an affordable level.
  - (2) To operate as socially and financially sound public housing agency that is violence and drug -free, decent, safe and sanitary housing with a suitable living environment for residents.
  - (3) Deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.
  - (4) To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The New York State Consolidated Plan establishes three strategic objectives that are of equal importance and form the basis of New York State's strategy:

**1. Preserve and increase the supply of decent, safe and affordable housing available to all low and moderate income households, and help identify and develop available resources to assist in the development of housing.**

The need analysis describes a shortage of affordable housing units in New York State. By increasing the number of decent and affordable housing units, New York State will be addressing each of the housing problems: overcrowding,



substandard units, and cost burden. The State plan includes the increase of the supply of decent and affordable housing by assisting in the financing of new construction, substantial rehabilitation, and conversion of previously nonresidential properties. While not specifically targeting funds in the Consolidated Plan for such programs, New York State believes it has a vested interest in the federal government's commitment to continue to provide resources for the operations, maintenance and preservation of Section 8 and public housing. The Consolidate Plan states: "The preservation of this irreplaceable low-income housing asset should remain a federal priority. Specifically, the federal government should maintain its commitment to rental assistance, preservation of housing eligible for mortgage prepayment and funding for operations, repairs, maintenance and modernization of public housing."

## **2. Improve the ability of low and moderate income New Yorkers to access rental and home ownership opportunities.**

Cost burden is identified as the most widespread of all the various housing problems by New Yorkers. Cost burden disproportionately affects New Yorkers with low and moderate incomes. Renters make up the substantial majority of households with cost burden.

The Consolidate Plan includes the provision of rental assistance where possible and also to providing home ownership opportunities to low-income and minority households. State housing agencies are encouraged to apply for Section 8 program funding.

The Consolidated Plan notes that there are insufficient Federal and State capital subsidies to increase the supply of affordable housing to address the problem of all those with cost burdens.

Additional strategies include making mortgages available with below market interest rates to first-time home buyers and providing rehabilitation assistance to low-income homeowners.

## **3. Address the shelter, housing, and service needs of the homeless poor and others with special needs.**

The Consolidated Plan reflects that the demand for housing and supportive assistance for the homeless far exceeds the supply; particularly, the frail elderly, disabled, and other segments of the Population requiring supportive living arrangements or services.

Among the programs to be utilized, are the various Section 8 programs.

The Consolidated Plan addresses Public Housing Resident Initiatives. The Plan states

that “the State of New York does not directly own or administer Federal public housing. Therefore the requirements of this section of the Consolidated Plan do not apply to the State of New York.”

“The State does have a State public housing program as noted in the Needs Assessment. Tenant participation in the management of housing authorities is not only encouraged in this State, but mandated in New York’s Public Housing Law, which provides that authorities having a population under one million be composed of up to seven members, including two tenants selected by public housing residents. The underlying philosophy has been to ensure that tenants’ needs and concerns are effectively communicated to the governing body of the authority and, when necessary, to DHCR, as the supervising State agency.”

The use of the term “low and moderate income households” includes all households at or below 80 percent of median income. Extremely low-income households are included in this category which has been identified in the needs analysis as having the highest magnitude of housing problems.

The New York State Objectives respond to the purposes of the National Affordable Housing Act that are:

1. to help families not owning a home to save for a down payment for the purchase of a home;
2. to retain wherever feasible as housing affordable to low-income families those dwelling units produced for such purposes with Federal assistance;
3. to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of housing affordable to low-income and moderate-income families;
4. to expand and improve Federal rental assistance for very low-income families; and
5. to increase the supply of supportive housing, which combines structural features and services needed to enable persons with special needs to live with dignity and independence.

In summary, the New York State Consolidated Plan strategies are consistent with and support the goals and objectives of the Housing Authority of the Town of Wilna.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines

when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5 -year Plan:**

A substantial deviation from the 5 -year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5 -year plan.

**B. Significant Amendment or Modification to the Annual Plan:**

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

## Attachment A

### Housing Authority of the Town of Wilna

#### Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies (Elderly/disabled housing only)	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
NA	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)  Definition of Substantial Deviation Implementation of Community Service Requirements Deconcentration & Income Mixing Documentation Voluntary Conversions Documentation	(specify as needed)  Annual Plan ACOP/Annual Plan ACOP/Annual Plan Annual Plan

## AttachmentB

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Housing Authority of the Town of Wilna		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P05850102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	19,325			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	11,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	136,054			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	166,379			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Housing Authority of the Town of Wilna		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P05850102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: HousingAuthorityoftheTownofWilna		GrantTypeandNumber CapitalFundProgramGrantNo: NY06P05850102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide	Operations:	1406						
	Operationsexpenses&v ehicle			19325				
	SubtotalAcct1406			19,325				
NY058-1	FeesandCosts:	1430						
	A&EFees,ReimbursableCosts;physical needsassessment			11,000				
	SubtotalAcct1430			11,000				
NY058-1	DwellingStructures:	1460						
	Renovatekitchens(cabinets, Countertops,sinks,faucets)		40units	90,600				
	Renovatebathrooms		20units	45,454				
	SubtotalAcct1460			136,054				
	GrandTotal			166,379				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## AttachmentC

### CapitalFundProgramFive -YearActionPlan

#### PartI:Summary

PHAName:HousingAuthorityof theTownofWilna				<input checked="" type="checkbox"/> <b>Original5 -Year Plan</b> <input type="checkbox"/> <b>RevisionNo:</b>	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:10/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:10/01/04	WorkStatementforYear4 FFYGrant:20 05 PHAFY:10/0/05	WorkStatementforYear5 FFYGrant:2006 PHAFY:10/01/06
	Annual Statement				
HAWide		24,325	55,825	33,325	0
NY081-1		142,054	110,554	133,054	166,379
CFP FundsListedfor 5-yearplanning		166,379	166,379	166,379	166,379
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan  
PartII:SupportingPages —WorkActivities

Activitiesfor Year1	Activities forYear: <u>2</u> FFYGrant:2003 PHAFY:10/01/03			ActivitiesforYear: <u>3</u> FFYGrant:2004 PHAFY:10/01/04		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
<b>See</b>	<i>HAWide</i>	<u>Operations(1406)</u>		<i>HAWide</i>	<u>Operations(1406)</u>	
<b>Annual</b>		<b>PHOperations</b>	24,325		<b>PHOperations</b>	25,825
		<b>SubtotalHAWide</b>	<b>24,325</b>		DumpTruck	30,000
					<b>SubtotalHAWide</b>	<b>55,825</b>
Statement	<b>NY058-1</b>	<b><u>Dwelling Structures(1460)</u></b>		<b>NY058-1</b>	<b><u>Dwelling Structures(1460)</u></b>	
		Renovatebathrooms in68units	137,054		Renovatebathrooms in12units	24,000
		<b><u>FeesandCosts (1430)</u></b>			Commonareacarpets	25,000
		A&EFees; ReimbursableCosts	5,000		Renovatecommon areakitchen	3,000
					Renovateoffices	25,000
		<b>SubtotalNY058 -1</b>	<b>142,054</b>		Roofrepairs	26,554
					<b><u>FeesandCosts (1430)</u></b>	
					A&EFees; ReimbursableCosts	2,000
					<b><u>NonDwellingEquip (1475)</u></b>	
					Commonareafurniture	5,000
					<b>SubtotalNY058 -1</b>	<b>110,554</b>

TotalCFPEstimatedCost		166,379			166,379

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:___ 4___ FFYGrant:2005 PHAFY:10/01/05			ActivitiesforYear:___ 5___ FFYGrant:2006 PHAFY:10/01/06		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
HAWide	<u>Operations(1406)</u>		NY058-1	<u>DwellingStructures (1460)</u>	
	<b>PHOperations</b>	27,325		Replacewindows	166,379
	<b><u>Management Improvements (1408)</u></b>				
	Computerhardware& software	6,000			
	<b>SubtotalHAWide</b>	<b>33,325</b>			
NY058-1	<b><u>DwellingStructures (1460)</u></b>				
	Replacewindows	123,054			
	<b><u>FeesandCosts (1430)</u></b>				
	A&EFees; ReimbursableCosts	10,000			
	<b>SubtotalNY058 -1</b>	<b>133,054</b>			
TotalCFPEstimatedCost		166,379			166,379

## AttachmentD

### Housing Authority of the Town of Wilna

#### Required Attachment: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Rose Hastings

B. How was the resident board member selected: (select one)?

- ☒ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires): two years expiring June, 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? NA

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member: NA

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

NA

## **AttachmentE**

### **HousingAuthorityoftheTownofWilna**

#### **RequiredAttachment:MembershipoftheResidentAdvisoryBoardor Boards**

- i. Listmembersofthe ResidentAdvisoryBoardorBoards:(Ifthelistwouldbeunreasonably long,listorganizationsrepresentedorotherwiseprovideadescriptionsufficienttoidentify howmembersarechosen.)

IreneBaillargeon

RaymondVollmar

FrederickHoman

BeverlyWo rmwood

RuthBovee

TomMcDermid

JesseeHastings

SueStaab

RoseHastings

## AttachmentF

### Housing Authority of the Town of Wilna

#### Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

The Housing Authority of the Town of Wilna owns and operates one HUD public housing development (99 units) designed for occupancy by elderly and disabled families and individuals.

- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]



## Attachment G

### **Housing Authority of the Town of Wilna**

#### **Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments**

As stated in Notice PIH 2001-26, beginning with Fiscal Year 2002, all PHAs must address the following questions about their Required Initial Assessments and include the following information as are required attachment to the PHA Plan:

- a. **How many of the PHA's developments are subject to the Required Initial Assessments?**

None

- b. **How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?**

One Development: NY 058-1

- c. **How many assessments were conducted for the PHA's covered developments?**

None

- d. **Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

<b>Development Name</b>	<b>Number of Units</b>
None	None

- a. **If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**

N/A

## Attachment H

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part I: Summary</b>					
<b>PHAName:</b> Housing Authority of the Town of Wilna		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P05850101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	25,000		25,000.00	25,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000		10,000.00	6,727.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	135,054		00	00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	170,054		35,000.00	31,727.50
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part I: Summary</b>					
<b>PHAName:</b> Housing Authority of the Town of Wilna		<b>Grant Type and Number</b> Capital Fund Program Grant No: NY06P05850101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: HousingAuthorityoftheTownofWilna		GrantTypeandNumber CapitalFundProgramGrantNo: NY06P05850101 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide	Operations:	1406						
	Operations			25,000		25,000.00	25,000.00	Complete
	SubtotalAcct1406			25,000		25,000.00	25,000.00	
NY058-1	Feesand Costs:	1430						
	A&EFees,ReimbursableCost			10,000		10,000.00	6,727.50	InProgress
	SubtotalAcct1430			10,000		10,000.00	6,727.50	
NY058-1	DwellingStructures:	1460						OuttoBid
	Renovatekitchens(cabinets,		60units	135,054		-0-	-0-	
	Countertops,sinks,faucets)							
	SubtotalAcct1460			135,054		-0-	-0-	
	GrandTotal			170,054		35,000.00	31,727.50	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]